

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

ADDRESS (number and street)

PO Box 4184

Check if different  
than previously  
reported. (ACC)

New York

NY

10163

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00688655

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



Convention (12C)



General (12G)



Special (12S)



Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the  
State of

C

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the  
State of

C

5. Covering Period

M M / D D / Y Y Y Y Y Y  
05 01 2021

through

M M / D D / Y Y Y Y Y Y  
05 31 2021

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Brouillard, Michael, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Brouillard, Michael, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
06 17 2021

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2021</span>		<span style="border: 1px solid black; padding: 2px;">87796.72</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">3660220.38</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">73498.46</span>	<span style="border: 1px solid black; padding: 2px;">3827661.79</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">3733718.84</span>	<span style="border: 1px solid black; padding: 2px;">3915458.51</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">8207.90</span>	<span style="border: 1px solid black; padding: 2px;">189947.57</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">3725510.94</span>	<span style="border: 1px solid black; padding: 2px;">3725510.94</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">43686.53</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2021

To:

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2021

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

550.00

3737383.22

(ii) Unitemized .....

2030.50

19359.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

2580.50

3756742.22

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

2580.50

3756742.22

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

70917.12

70917.12

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.84

2.45

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)) .....

73498.46

3827661.79

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

73498.46

3827661.79

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	8207.90	187079.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8207.90	187079.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	2867.64
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8207.90	189947.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8207.90	189947.57

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2580.50	3756742.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2580.50	3756742.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	8207.90	187079.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	70917.12	70917.12
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	- 62709.22	116162.81

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. James, Michael, , ,

Mailing Address 308 S 15Th St

City  
Lewisburg

State  
PA

Zip Code  
17837-1783

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bucknell University

Occupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2021

Transaction ID : 37408

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2335.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2021

Transaction ID : 37408E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lurie, Yoav, , ,

Mailing Address 1412 North St

City  
Boulder

State  
CO

Zip Code  
80304-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2021

Transaction ID : 37301

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

200.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## A. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2335.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2021

Transaction ID : 37301E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## B. Miska, Sima, , ,

Mailing Address 12835 SW 75Th Ave

City

Pinecrest

State  
FL

Zip Code  
33156-6105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2021

Transaction ID : 37383

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## C. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2335.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2021

Transaction ID : 37383E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Murphy, Matt, , ,**

Mailing Address 15 Pipers Gln

City  
AndoverState  
MAZip Code  
01810-2334FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2021

Transaction ID : 37397

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **ACTBLUE**Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2335.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2021

Transaction ID : 37397E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Nicholson, Gordon, , ,**

Mailing Address 337 Redlands Mesa Dr

City  
Grand JunctionState  
COZip Code  
81507-2475FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2021

Transaction ID : 37356

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶

100.00

TOTAL This Period (last page this line number only).....▶



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### A. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2335.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2021

Transaction ID : 37356E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### B. Roof, Meghan, , ,

Mailing Address 605 Alfa Dr

City

Frankfort

State  
KY

Zip Code  
40601-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
School Year Abroad

Occupation (for Individual)  
Study Abroad Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2021

Transaction ID : 37382

Amount of Each Receipt this Period

150.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### C. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2335.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2021

Transaction ID : 37382E

Amount of Each Receipt this Period

150.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weatherman, Lisa, , ,**

Mailing Address 2724 Colanthe Ave

City  
Las Vegas

State  
NV

Zip Code  
89102-2060

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2021

**Transaction ID : 37404**

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2335.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2021

**Transaction ID : 37404E**

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

550.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 18

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Targeted Media Platform LLC**

Mailing Address 651 Maid Marion Rd

City  
AnnapolisState  
MDZip Code  
21405-2027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70917.12

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05	/	05	/	2021

Transaction ID : 37300

Amount of Each Receipt this Period

70917.12

☐ Memo Item

Refund of T.V. Advertising Buy

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

70917.12

TOTAL This Period (last page this line number only)..... ►

70917.12

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	2			2	0	2	1		

FEC Identification Number

C

Transaction ID : 500001371

Amount of Each Disbursement this Period

9.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	9			2	0	2	1		

FEC Identification Number

C

Transaction ID : 500001372

Amount of Each Disbursement this Period

11.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	6			2	0	2	1		

FEC Identification Number

C

Transaction ID : 500001373

Amount of Each Disbursement this Period

11.18

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

32.18

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	5				2	3						2	0	2	1

FEC Identification Number

C

Transaction ID : 500001374

Amount of Each Disbursement this Period

22.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	5				3	0						2	0	2	1

FEC Identification Number

C

Transaction ID : 500001375

Amount of Each Disbursement this Period

27.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	5				3	1						2	0	2	1

FEC Identification Number

C

Transaction ID : 500001376

Amount of Each Disbursement this Period

10.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.49

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Bank Of America**

Mailing Address 100 N Tryon St

City  
CharlotteState  
NCZip Code  
28202-4000Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	3			2	0	2	1		

FEC Identification Number

C

Transaction ID : 500001364

Amount of Each Disbursement this Period

25.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank Of America**

Mailing Address 100 N Tryon St

City  
CharlotteState  
NCZip Code  
28202-4000Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	7			2	0	2	1		

FEC Identification Number

C

Transaction ID : 500001365

Amount of Each Disbursement this Period

340.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Blue Wave Political Partners, LLC**Mailing Address 401 2Nd Ave S  
Ste 303City  
SeattleState  
WAZip Code  
98104-2862Purpose of Disbursement  
Compliance Consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	1		

FEC Identification Number

C

Transaction ID : 500001366

Amount of Each Disbursement this Period

3750.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4115.53

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Civis Analytics Inc**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	1		2	0	2	1		

Mailing Address 200 W Monroe St  
Ste 2200City  
ChicagoState  
ILZip Code  
60606-5070Purpose of Disbursement  
Data Analytics Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 500001367

Amount of Each Disbursement this Period

1771.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NGP Van, Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				2	6		2	0	2	1		

Mailing Address 1445 New York Ave NW  
Ste 200City  
WashingtonState  
DCZip Code  
20005-2158Purpose of Disbursement  
Software Rental

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 500001368

Amount of Each Disbursement this Period

2177.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3948.90

**TOTAL** This Period (last page this line number only).....▶

8157.10

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 OF 18

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Blue Wave Political Partners, LLC**Nature of Debt (Purpose):  
Compliance ConsultingMailing Address 401 2Nd Ave S  
Ste 303City  
SeattleState  
WAZip Code  
98104-2862

Outstanding Balance Beginning This Period

3750.00

Transaction ID : 1250000043

Amount Incurred This Period

0.00

Payment This Period

3750.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Blue Wave Political Partners, LLC**Nature of Debt (Purpose):  
Compliance ConsultingMailing Address 401 2Nd Ave S  
Ste 303City  
SeattleState  
WAZip Code  
98104-2862

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000044

Amount Incurred This Period

3750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3750.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Geller Advisors**Nature of Debt (Purpose):  
Finance & Accounting ServicesMailing Address 909 3Rd Ave  
FI 16HCity  
New YorkState  
NYZip Code  
10022-4731

Outstanding Balance Beginning This Period

20920.33

Transaction ID : 1250000042

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20920.33

1) **SUBTOTALS** This Period This Page (optional)..... ►

24670.33

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 17 OF 18

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Geller Advisors**

Nature of Debt (Purpose):

Finance &amp; Accounting Services

Mailing Address 909 3Rd Ave  
FI 16HCity  
New YorkState  
NYZip Code  
10022-4731

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000045

Amount Incurred This Period

14130.04

Payment This Period

0.00

Outstanding Balance at Close of This Period

14130.04

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Merkle Response Services**

Nature of Debt (Purpose):

Mail Processing Fee

Mailing Address 100 Jamison Ct

City  
HagerstownState  
MDZip Code  
21740-5185

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000049

Amount Incurred This Period

1198.91

Payment This Period

0.00

Outstanding Balance at Close of This Period

1198.91

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**NGP Van, Inc.**

Nature of Debt (Purpose):

Software Rental

Mailing Address 1445 New York Ave NW  
Ste 200City  
WashingtonState  
DCZip Code  
20005-2158

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000048

Amount Incurred This Period

2819.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

2819.75

1) **SUBTOTALS** This Period This Page (optional)..... ►

18148.70

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 OF 18

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Venable LLP**Nature of Debt (Purpose):  
Legal ConsultingMailing Address 750 E Pratt St  
Ste 900City  
BaltimoreState  
MDZip Code  
21202-3157

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000046

Amount Incurred This Period

465.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

465.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Venable LLP**Nature of Debt (Purpose):  
Legal ConsultingMailing Address 750 E Pratt St  
Ste 900City  
BaltimoreState  
MDZip Code  
21202-3157

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000047

Amount Incurred This Period

402.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

402.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ▶

867.50

2) **TOTALS** This Period (last page this line number only)..... ▶

43686.53

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

43686.53